

**TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING  
REJECTION OVER A "PRIOR" PATENT**

Docket Number (Optional)

**TS-008 (CIP)**

In re Application of: SIPOS et al.

Application No.: 10/821,155

Filed: April 8, 2004

For: Composition and Method to Reduce Diarrhea and Steatorrhea in HIV-Positive Patients

The owner, Digestive Care, Inc., of 100% percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application which would extend beyond the expiration date of the full statutory term of prior Patent Nos. 5,750,104, 5,324,514, 5,460,812 and 5,578,304 as the terms of said prior patents is defined in 35 U.S.C. 154 and 173, and as the term of said prior patents is presently shortened by any terminal disclaimer. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patents are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the prior patents, "as the term of said prior patents is presently shortened by any terminal disclaimer", In the vent that said prior patent later:

expires for failure to pay a maintenance fee;

is held unenforceable;

is found invalid by a court of competent jurisdiction;

is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1/321;

has all claims canceled by a reexamination certificate;

is reissued; or

is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

Check either box 1 or 2 below, if appropriate.

1. ☒ For submissions on behalf of an organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2. ☒ The undersigned is an attorney of record.

Re. No. 26,835

01/03/2007 SFELEKE1 00000011 10821155

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65.00 OP

Signature

Date

12-27, 2006**IMRE BALOGH**

Typed or printed name

215-249-9287

Telephone Number

- ☒ Terminal disclaimer fee under 37 CFR 1.20(d) included.

\*Statement under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner). Form PTO/SB/96 may be used for making this statement. See MPEP § 324.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

patent application of: Tibor Sipos et al.

Serial No.: 10/821,155

Filed: April 8, 2004

Group Art Unit: 1651

Primary Examiner: Susan Marie Hanley

For: Composition and Method to Prevent or Reduce  
Diarrhea and Steatorrhea in HIV Patients**CERTIFICATE UNDER 37 C.F.R. 1.8(a)**

I hereby certify that this correspondence is being deposited on the date indicated below with the United States Postal Service as first class mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Name

Date

*Imre Balogh**12 27, 2006*

## FEE TRANSMITTAL SHEET

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.☒ An additional fee is required for: Terminal Disclaimer to Obviate Double Patenting**CLAIMS AS AMENDED**

Claims Remaining After Amendment (Col. 1)	Highest No. Previously Paid for (Col. 2)	Present Extra (Col. 3)	Rate	Additional Fee
Total Claims	Minus	=	\$	= \$
Indep. Claims	Minus	=	\$	= \$
First Presentation of Multiple Dependent Claim			\$	= \$
TOTAL ADDITIONAL FEE				\$

☒ Enclosed is a check in the amount of \$65.00.Date: *12 27, 2006**Imre Balogh*  
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